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APPLICANTS

Archibald I. J. Brain, Mahe, SEYCHELLES;

NONE M

** CONTINUING DATA *****

NONE M

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 12/03/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY SEYCHELLES	SHEETS DRAWING 5	TOTAL CLAIMS 18-41	INDEPENDENT CLAIMS 3/8
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	Examiner's Signature <i>M. A. Brain</i>	Initials <i>EP</i>		

ADDRESS

23483
 WILMER CUTLER PICKERING HALE AND DORR LLP
 60 STATE STREET
 BOSTON, MA
 02109

TITLE

INTUBATING LARYNGEAL MASK AIRWAY DEVICE WITH FIBER OPTIC ASSEMBLY

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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